STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

OCT 25 2017

		001 2 0 2011
. Name of Lobbyist(s) Douglas L. Patch		NEW HAMPSHIRE
I. Name of lobbyist's partnership, firm or corporation, if any:		DEPARTMENT OF STAT
Orr & Reno, P.A.		
(Name of partnership, firm or corporation)	,	
45 S. Main St. PO Box 3550 Concord	NH	03302
usiness Address: (Street) (Town/City)	(State)	(Zip Code)
03) 224-2381 (603) 224-2318	e-mail dpatch	n@orr-reno.com
(Telephone) (Fax)		
I. This statement covers: (Choose one – file separate reports for portable expense transactions which are not attributable to an		ay file a separate report for
All reportable transactions occurring in the months prior to the r	reporting date relative to the	e following client:
Retail Energy Supply Association, In	-	C
(Full Name of Client as it appears on the Lobbyis		•
<u>R</u>	-	
All reportable transactions by the lobbyist (including the lobbyist	t's family), or the lobbying	g firm listed below which are
related to any particular client.		
7. Date of Report April 26, 2017	July 26, 2017 🛚	
	ctivity from 4/1/17 to 6/30/17	•
October 25, 2017	January 31, 2018 □	
	ectivity from 10/1/17 to 12/31.	/17
There have been no fees received and no reportable tra this box is checked, complete just this form and submit it to the Se oncord, NH 03301.		
l. Check if additional reports are attached:		
If you have received fees or made expenditures, you must file A	Addendum A- Fees and E	xpenses
If you have paid an honorarium or reimbursed expenses, you make the paid an honorarium or reimbursed expenses, you make the paid and th	ust file Addendum B - Re	port of Honorariums or
If you, your firm, or your family has made political contribution	ns, you must file Addendu	m C- Political Contribution
worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereb nd complete to the best of my knowledge and belief.	y swear or affirm that the	foregoing information is true
WIIIWX	10/25/17	
Signature of lobovist)	(Da	te)
Douglas L. Patch		
Print Name of lobbyist)		

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Douglas L. Patch		
II. Name of lobbyist's partnership, firm or corporation, if any:		
• • • •		•
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
(Name of partnership, firm of corporation)		
III. Name of Client Retail Energy Supply Association Inc.	Date	10/25/217
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or oss fee amo	r public relations services unt reported shall not be
a) Total of all fees received in this reporting period	a) \$	9,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ ear)	18,200.00
c) Total of all fees received to date		
(Add lines a and b)	c) \$	27,200.00
d) Indicate the amount of any such fees that are due, but have not		
yet been paid	d) \$	9,450.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to ref fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if- may be filed e aggregate to expenses; (b) le: meals pun- ss than \$10 to ed with a val- orting period- ue of greater er than \$25, expense re	expenditures are made by for the lobbyist(s)/firm. total of all expenses paid the aggregate total of all rchased during a business hat is given to the personue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50, imbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$	
in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period	d) \$	0.00
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	50.00
f) Total of all expenses year to date	f) \$	50.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees duri	ng this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
·		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the forego	oing information
\mathcal{N}	10/25/1	7
(Signature of lobbyist)	(Date))
Douglas L. Fatch		
(Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Stater	nent/Aff	ïrma	tion	by I	Lobbyi	ist
Statem	ent of	Income	and	Expe	ense	s for:	

Name of Lobbying partnership, firm, or corporation: Orr & Reno, P.A.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Retail Energy Supply Association Inc.
Date of Report (check one):
April 26, 2017 □ July 26, 2017 □ October 25, 2017 ☒ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) 10/25/17 (Date)
Douglas L. Patch
(Print Name of lobbyist)